510(k) SUMMARY

Fiberoptic Fabrications Inc.'s Fiberoptic Laser Delivery System

Submitter's Name, Address, Telephone Number, Contact Person and Date Prepared

Fiberoptic Fabrications, Inc.

495 Main Street

Wilbraham, MA 01095

Phone:

(413) 374-4303

Facsimile: (413) 599-1640

Contact Person:

Carol J.Morello,VMD

Date Prepared:

June 5, 2012

Name of Device and Name/Address of Sponsor

Fiberoptic Fabrications Fiber optic Laser Delivery System

Fiberoptic Fabrications, Inc. 495 Main Street Wilbraham, MA 01095

Common or Usual Name

Fiber optic laser delivery system

Classification Name

Surgical laser accessory

Predicate Devices

CeramOptec, Inc MegaBeam Fiber Optic Laser Delivery Systems (K934008,K943445,K943444,K943526,K943527,K941909) Biolitec Radial Emitting shaped fiber optic delivery system (K110080).

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Intended Use / Indications for Use

The fiber optic laser delivery system is intended for delivery of laser light to soft tissue in the contact and non-contact mode during surgical procedures, including via endoscopes. The fiber optic laser delivery system is intended for use with any cleared surgical laser with an SMA 905 or SMA 905 compatible connector It is indicated for use in general surgical applications for: incision, excision, vaporization, ablation, hemostasis or coagulation of soft tissue in a contact or non contact mode. It is also indicated for use in open or closed endoscopic applications where incision, excision, tissue dissection, excision of external tumors and lesions, complete or partial resection of internal organs, tumors or lesions, tissue vaporization, hemostasis and or coagulation may be indicated. It is also indicated for use in lithotripsy with a compatible laser cleared for the desired application. It is indicated for use with Argon, KTP/532, Ho:YAG, Nd:YAG,1.44YAG, and Diode Lasers (635-1900nm) with peak and continuous power from 1-200W. Core size 230um-45W, 365um-113W, 400um-135W, 600um-200W, 800um-200W, and 1000um-200W.

Technical Characteristics

The fiber optic laser delivery system contains the same components and design as the already cleared CeramOptec MegaBeam optical fibers and the Biolitec radial emitting shaped fiber optic delivery system. The optical fiber is composed of quartz fiber core with a coaxially mounted protective sheath. The fibers distal tip can be several configurations and the fiber can be used with handpieces. This is industry standard for delivery systems thus no questions of safety or efficacy are raised.

Performance Data

The performance of the fiber optic laser delivery systems is well established and documented so no performance testing is included. The fiber optic delivery systems operates in the same manner as the predicate devices and performs with no difference as compared with the predicate devices.

Substantial Equivalence

The Fiberoptic Fabrications fiber optic laser delivery systems are as safe and effective for the indications for use as the CeramOptec fiber optic laser delivery systems and the Biolitec radial emitting shaped fiber optic delivery system previously cleared thus the Fiberoptic Fabrications fiber optic laser delivery systems are substantially equivalent.

FIBEROPTIC FABRICATIONS, INC.'S FIBER OPTIC LASER DELIVERY SYSTEMS SUBSTANTIAL EQUIVALENCE CHART

| • | | |
|---|--|---|
| | Intended Use | |
| | Intended Use: The fiber optic laser delivery system is intended for delivery of laser light to soft tissue in the contact and non-contact mode during surgical procedures, including via endoscopes. The fiber optic laser delivery system is intended for use with any cleared surgical laser with an SMA 905 or SMA 905 compatible connector | Fiberoptic Fabrications |
| | The fiber optic laser delivery system is intended for delivery of laser light to soft tissue in the contact and noncontact mode during surgical procedures, including via endoscopes. The fiber optic laser delivery system is intended for use with any surgical laser with an SMA 905 compatible connector. | CeramOptec MegaBeam fiber optic laser delivery systems K934008,K943445,K943444,K94 3526,K943527.K941909 |
| | The fiber optic laser delivery system is intended for delivery of laser light to soft tissue in the contact and noncontact mode during surgical procedures, including via endoscopes. The fiber optic laser delivery system is intended for use with any surgical laser with an SMA 905 compatible connector. | Biolitec radial emitting shaped fiber optic delivery K110080 |

| | Fiberoptic Fabrications | CeramOptec MegaBeam fiber optic laser delivery systems K934008,K943445,K943444,K94 3526,K943527,K941909 | Biolitec radial emitting shaped fiber optic delivery K110080 |
|----------------------|----------------------------------|---|--|
| | | It is indicated for use in general | It is indicated for use in general |
| | It is indicated for use in | surgical applications for: | surgical applications for : |
| | for: incision excision. | ablation, hemostasis or | ablation, hemostasis or |
| | vaporization, ablation, | coagulation of soft tissue in ear, | coagulation of soft tissue in ear, |
| | hemostasis or coagulation of | nose and throat and oral surgery | nose and throat and oral surgery |
| | soft tissue in a contact or non | (otolaryngology), arthroscopy, | (otolaryngology), arthroscopy, |
| | contact mode. It is also | surgery, dermatology, plastic | surgery, dermatology, plastic |
| - | indicated for use in open or | surgery, podiatry, urology, | surgery, podiatry, urology, |
| | closed endoscopic applications | gynecology, neurosurgery | gynecology, neurosurgery |
| | tissue dissection, excision of | pulmonary surgery, | pulmonary surgery, |
| | external tumors and lesions, | cardiothoracic surgery, dental | cardiothoracic surgery, dental |
| • | complete or partial resection | applications, endovenous | applications, endovenous |
| | of internal organs, tumors or | saphenous vein, laser assisted | saphenous vein, laser assisted |
| Indications for Ilea | hemostasis and or coagulation | lipolysis, and benign prostatic | lipolysis, and benign prostatic |
| THUICHUICHS TOT COC | may be indicated. It is also | hyperplasia with a compatible | hyperplasia with a compatible |
| | indicated for use in lithotripsy | desired applications. It is also | desired applications. It is also |
| | with a compatible laser | indicated for use in open or | indicated for use in open or |
| | application It is indicated for | closed endoscopic applications | closed endoscopic applications |
| | use with Argon, KTP/532, | dissection, excision of external | dissection, excision of external |
| | Ho:YAG, Nd:YAG,1.44YAG, | tumors and lesions, complete or | tumors and lesions, complete or |
| | 1900nm) with peak and | organs, tumors or lesions, tissue | organs, tumors or lesions, tissue |
| | continuous power from 1- | vaporization, hemostasis and or | vaporization, hemostasis and or |
| | 200W | coagulation may be indicated. It is also indicated for use in | coagulation may be indicated. |
| | | lithotripsy with a compatible | |
| | | laser cleared for the desired | · |
| | | | |

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| | Fiberoptic Fabrications | CeramOptec Megabeam fiber optic laser delivery systems K934008,K943445,K943444,K94 3526,K943527.K941909 | Biolitec radial emitting shaped fiber optic delivery K110080 |
|------------------|------------------------------------|---|--|
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| | | | |
| | <u> </u> | | |
| Delivery Systems | | | |
| | Flexible fiber | Flexible fiber | Flexible fiber |
| Fiber | Quartz glass | Quartz glass | Quartz glass |
| Material | 200- 1000um | 200 - 1000um | 600 |
| Core diameter | | | |
| Proximal end | SMA 905 connector or SMA 905 | SMA 905 connector | SMA 905 connector |
| Sterile | compatible connector | HGM connector or other | HGM or other |
| | Sterile | Sterile | Sterile |
| Distal End | Shaped fibers, side fibers, hand | Shaped fibers, side fibers, hand | Side fibers |
| | pieces. Shaped fibers | pieces. Shaped fibers | |
| - | include:flat,orb, cone, chisel, or | include:flat,orb, cone,or chisel | |
| M | radial. | The to Sew | In to sem |
| Recommended | | N/A | N/A |
| Power | · 400um 135W | N/A | N/A |
| | | 200W | 200W , |
| | | 200W | 200W |
| | 1000um 200W | 200W | 200W |

DEPARTMENT OF HEALTH & HUMAN SERVICES



JUN 2 8 2012

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Fiberoptic Fabrications, Incorporated % Ms. Carol J. Morello, VMD 495 Main Street Wilbraham, Massachusetts 01095

Re: K120810

Trade/Device Name: Fiber optic laser delivery system

Regulation Number: 21 CFR 878.4810

Regulation Name: Laser surgical instrument for use in general and plastic surgery and in

dermatology

Regulatory Class: Class II Product Code: GEX Dated: May 28, 2012 Received: June 05, 2012

Dear Ms. Morello:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

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Indications for Use Statement

510(k) Number (if known): K120810

Device Name: Fiber optic laser delivery system

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Prescription Use __X_ (Part 21 C.F.R. 801 Subpart D) AND/OR

Over-The-Counter Use_____(21 C.F.R. 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE -- CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Surgical, Orthopedic, and Restorative Devices

510(k) Number 470 \$10